

- Legislative Updates Mark Dyckman
- Tax Processing Kevin Richards and Max Letterly
- Taxpayer Services Benji Sutton

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Legislative Updates

HB 3342 (Public Act 100-0587)

- Extends the Hospital tax credit
 - Tax years ending on or before December 31, 2022.
 - Amount equal to the lesser of the amount of real property taxes paid during the tax year on real property used for hospital purposes during the prior tax year or the cost of free or discounted services provided during the tax year.
- Creates an Adoption tax credit
 - Tax years ending on or after December 31, 2018.
 - \$2,000 for children residing out-of-state.
 - \$5,000 for children residing in state.
- Extends the Natural Disaster tax credit
 - Tax years beginning prior to January 1, 2019.



HB 4751 (Public Act 100-0905)

- Equalizes treatment of College Savings Pool and ABLE accounts
 - Tax years beginning on or after January 1, 2018.
 - Provides for a modification to AGI regarding the transfer of moneys from a qualified tuition program administered by the State to an ABLE account established under an out-of-state ABLE account program.
 - Sunsets in 5 years.



SB 1437 (Public Act 100-0865)

- Extends Standard Exemption COLA
 - Tax years ending on or before December 31, 2023.



SB 3527 (Public Act 100-0629)

- Amends the River Edge Redevelopment tax credit
 - DNR (previously DCEO) determines amount of eligible rehab costs and expenses.
 - Codifies 5-year carry forward.
- Creates the Historic Preservation Tax Credit Act
 - 25% of qualified expenses, not to exceed \$15 million per year and \$3 million per plan.
 - 10-year carry forward.
 - Provides for recapture.



Sales and Excise Tax

HB 3342 (Public Act 100-0587)

- Creates the Marketplace Fairness Act
 - Response to Wayfair decision

HB 4415 (Public Act 100-0594)

 Extends exemption for coal and aggregate exploration, mining, off-highway hauling, processing, maintenance, and reclamation equipment to June 30, 2023.

Sales and Excise Tax

SB 3141 (Public Act 100-0940)

- Establishes monetary penalties for failure to keep or produce books and records
 - \$1,000 for first offense.
 - \$3,000 for subsequent offense.



Local Governments

HB 3342 (Public Act 100-0587)

- 5% reduction in allocations to LGDF, PTF and DPTF for FY 2019.
 - 10% reduction for FY 2018.
- Cost of collection administrative fees reduced from 2.0% to 1.5%.
- School districts with PPRT receipts > or = to 13% receive 16% of total amount distributed to school districts in FY 2017, but not to exceed \$4.3M.



Tax Processing

Individual Income Tax: Statistics, Reminders and Updates

IL-1040 Statistics

- 6.2 million IL-1040 returns filed (electronic & paper)
- Over 5.3 million were filed electronically (over 85% market share)
 - Over 3.5 million were electronically filed by a tax professional
 - 11% zero balance
 - 63% refund
 - 26% balance due
- Year to date, 3,798,527 Individual Income Tax refunds have been issued totaling approximately \$1.55 billion.



IL-1040 Reminders

- Prior Year IL-1040s can be filed electronically
- First time Illinois filers paper check refunds only
- County Name and Property Index Number still needed to claim property tax credit.
- Use tax of \$600 or less may still be reported on IL-1040; otherwise use ST-44.
 - Approximately \$7.75 million reported so far on the 2017 IL-1040



IL-1040 Reminders

- Mark 3rd party designee box to discuss client's return.
- Verify individual estimated/extension payments and look up an IL 1099-G using MyTax Illinois web application.
- Paid tax preparers who file more than 10 IL-1040s must electronically file.
- PTIN required for returns from paid tax professionals.



IL-1040 Anti-Fraud Update

- 2014 had an overall savings of \$4.5 million.
- 2015 had an overall savings of \$6,002,628.23.
- 2016 had verified money savings of \$19,164,454
- 2017 had verified money savings of \$31,294,897
- 2018 to date has had a significant increase over 2017. These figures will be released later in the fourth quarter.

IL-1040 Anti-Fraud Update — Data Analytics

- In 2018 the Department expanded its use of Data Analytics to identify potential fraud and identity theft cases to stop erroneous refunds from being issued.
- The new analytical models focus on K-12 Education Credits, as well as Business Income/Loss and Earned Income Credit in an effort to detect and prevent fraud associated with taxpayers and preparers who fraudulently report business income or loss in order to manipulate adjusted gross income and achieve or maximize credits and refunds.
- The focus of each model is to accurately identify taxpayers either claiming credits or claiming to operate a business who will not respond with supportive documentation when requested.
- The goal was to develop a process to allow for the systematic adjustment of these returns and the subsequent issuance of correspondence.



IL-1040 Anti-Fraud Update — Data Analytics

- To date, the Department has issued 11,923 return correction notices for the K-12 Education Credit Model, received 3,151 responses (26%) and 2,107 fully supported the credit amount claimed. 82% of the return correction notices sent either did not respond or could not support the originally claimed credit amount.
- To date, the Department has issued 83,467 return correction notices between the Business Income, Business Loss and Earned Income Credit Models and has received 28,398 responses (34%). 84% of the return correction notices sent either did not respond or could not support the originally claimed credit amount.
- These new analytical models have resulted in over \$44 million in money savings in 2018!



Business Income Tax and Withholding: Statistics, Reminders and Updates

Business Income Tax Statistics

- 657,642 Illinois Business Income Tax returns filed (electronic & paper)
- 496,097 were filed electronically (75% market share). Of these returns,
 - 221,226 IL-1120-ST
 - 115,444 IL-1065
 - 93,212 IL-1041
 - 66,215 IL-1120
- Year to date, 43,452 Business Income Tax refunds have been issued totaling approximately \$573.7 million.



Business Income Tax Deadline Extension

- The Department of Revenue is aware that taxpayers may be struggling with the complexity of changes resulting from recent federal tax reform and the availability of guidance at the federal level, and recognizes that taxpayers may have trouble meeting the extended due date of the Illinois income tax return.
- As a result, the Department **will approve** requests for abatement of penalties for late filing of any Forms IL-1120, IL-1120-ST, IL-1065 and IL-1041 due to reasonable cause on a case-by-case basis, provided those returns are filed on or before November 15, 2018. **Please note:** Requests for abatement should be made <u>after</u> a notice has been sent and received by the taxpayer.
- The taxpayer's request for abatement of late filing penalties due to reasonable cause shall be submitted by email to: <u>REV.PRD@Illinois.gov</u> or in writing:
 - ILLINOIS DEPARTMENT OF REVENUE PROBLEMS RESOLUTION DIVISION PO BOX 14 authority of the State of Illinois Web Only, 1, 10/2018 SPRINGFIELD IL 62794-9014



Withholding Income Tax Statistics

- For second quarter 2018, IDOR has received 336,617 IL-941 returns. Of these, 2,831 (0.84%) suspended for manual review in Account Processing. For second quarter 2017, 3.67% of IL-941s suspended for manual review.
- This reduction in suspense highlights the effectiveness of changes to improve the IL-941 over the past few years, including elimination of the annual filing frequency, modification of the return to capture payroll data, and the electronic filing mandate.
- Year to date, 27,466 Withholding Income Tax refunds have been issued totaling approximately \$51.7 million.



Electronic Filing Requirement for Withholding Income Tax

The Department requires all employers and payers to file the following forms electronically:

- Starting with the 2017 tax year, federal Forms W-2, Wage and Tax Statement; W-2c, corrected Wage and Tax Statement; and W-2G, Certain Gambling Winnings, and
- Starting with the 2018 tax year, Form IL-941, Illinois Withholding Income Tax Return.

How do I file electronically?

- MyTax Illinois You can file Forms IL-941, IL-941-X, W-2, W-2c, and W-2G.
 Visit our website at tax.illinois.gov for more information.
- Federal/State Employment Tax (FSET) program Form IL-941 may be filed electronically through participating third-party software vendors.
- Electronic W-2 Transmittal Program Forms W-2, employers may also transmit through third-party services.

What if I am required to file electronically, but cannot?

You may request a waiver of the electronic filing requirement if you do not have internet access or it is a hardship to file electronically. Contact Taxpayer Assistance at 1 800 732-8866 or 217 782-3336 to request a waiver form. Complete the waiver form and mail it to the address listed on the form. We will notify you if the waiver is approved or denied.



Electronic Filing Requirement for Sales Tax

- Public Act 100-0303 requires taxpayers with average annual receipts of \$20,000 or more to file electronically beginning with the January 2018 liability period.
- Failure to file electronically will result in loss of the 1.75 percent Cost of Collection discount.
- In September 2018, 101,961 of the 105,828 ST-1s received were filed electronically. (96.3%)
- The increase in electronically filed returns is reducing the time spent by Department staff to correct errors, and has improved our ability to allocate money to local governments in a timely manner.



Individual Income Tax: Upcoming Changes

IL 1040 Changes

| | ep 1: Personal Information Enter personal information and S Do not provide a partial Social Se | ecurity number. | use. | Social Security numbersmoved from Step 1 (B) to | |
|---|------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|
| | Your first name and initial | Your last name | Your Social Security number | • | |
| | Spouse's first name and initial | Spouse's last name | Spouse's Social Security number | | Step 1 (A) |
| | Mailing address (See instructions if foreign | address) | Apartment number | | |
| | City | | State ZIP or Postal Code | | Dependent check box moved from Step 4 to |
| В | Foreign Nation, if not United States (do not Filing status: Single or head | | ing jointly Married filing separately Widowed | | moved nom Step 4 to |
| C | | | as a dependent. See instructions. You Spouse | 4 | — Step 1 |
| D | | | ent - Attach Sch. NR Part-year resident - Attach Sch. NR | | — Na a Danida at Charl Da |
| | | | of Illinois - Web Only, 1, 10/2018 | | Non Resident Check Box moved from Step 5 to Step 1 |

IL 1040 Changes Continued

- Step 4 was updated and all federal line references were updated per the revised federal 1040.
- Exemptions have changed to \$2,225 per individual (P.A. 100-865)
- Tax Rate was adjusted to 4.95%
- Steps 5 & 6 were combined and line 12 was removed. The rest of the lines on the form were re-numbered accordingly.

| - | | Individual Income Tax Return Over 80% of taxpayers file electrons p. 1: Personal Information | nically. It is easy and | | - |
|------------|----------|----------------------------------------------------------------------------------------------|-------------------------|--------------------------------|-------------------------------------------|
| | A | Enter personal information and Social Se Do not provide a partial Social Security r | | must provide the entire Social | ii Security number for you and your spous |
| | | Your first name and initial | Your last name | | Your Social Security number |
| | | Spouse's first name and initial | Spouse's last name | | Spouse's Social Security number |
| | | Mailing address (See instructions if foreign address) | | Apartment number | |
| | | City | | State | ZIP or Postal Code |
| | | Foreign Nation, if not United States (do not abbrevial | | | _ |
| | | Filing status: Single or head of hous Check If someone can claim you, or your | | | g separately Widowed |
| | D | | | | |
| | | p 2: Income | | | (Whole dollars only) |
| | 1 2 | Federal adjusted gross income from you Federally tax-exempt interest and divided | | | 100 2 .00 |
| | 3 | Other additions. Attach Schedule M. | | | 3 .00 |
| T | 4 | Total income. Add Lines 1 through 3. | | <u> </u> | 400 |
| • | Ste 5 | p 3: Base Income Social Security benefits and certain retire | ament plan income | | |
| 9 | • | received if included in Line 1. Attach Pa | | . 5 | .00 |
| here | 6 7 | Illinois Income Tax overpayment included | | , Schedule 1, Ln. 10. 6 | .00 |
| forms | • | Other subtractions. Attach Schedule M. Check if Line 7 includes any amount fr | | c. 🗆 ' | .00 |
| | 8 | Add Lines 5, 6, and 7. This is the total of | your subtractions. | _ | 88 |
| 109 | 9 | Illinois base income. Subtract Line 8 fro | 5m Line 4. | | 900 |
| and 1099 | | Exemptions Enter the exemption amount for yourse | If and your spouse S | See instructions. | .00 |
| 9 | | b Check if 65 or older: ☐ You + ☐ | Spouse # of ch | neckboxes X \$1,000 = b | |
| Staple W-2 | | c Check if legally blind: You + | | heckboxes X \$1,000 = o | |
| apl | | d If you are claiming dependents, enter the Attach Schedule IL-E/EIC. | amount from Schedu | ile IL-E/EIC, Step 2, Line 1. | .00 |
| ŝ | | Exemption allowance. Add Lines a thro | ugh d. | | 1000 |
| | | p 5: Net Income and Tax | | | |
| T | 11 | Residents: Net income. Subtract Line 1 Nonresidents and part-year residents | | income from Schodulo ND Att | ach Schodulo NR 11 00 |
| | 12 | | | | acti Scriedule N. 11 |
| | | Nonresidents and part-year residents | | chedule NR. | 12 |
| IL-1040-V | 13 | Recapture of investment tax credits. Atta Income tax. Add Lines 12 and 13. Cann | | | 13 <u>.00</u> |
| 10 | | p 6: Tax After Nonrefundable Credit | | | |
| = | | Income tax paid to another state while a | | ach Schedule CR. 15 | 500 |
| and | 16 | Property tax and K-12 education expens | | Schedule ICR. | |
| 8 | 17 | Attach Schedule ICR. Credit amount from Schedule 1299-C. A | Hack Schodulo 1200 | -C. 16 | .00 |
| the | | Add Lines 15, 16, and 17. This is the total | | | |
| your check | 19 | Tax after nonrefundable credits. Subtr | act Line 18 from Line | 14. | 1900 |
| | | p 7: Other Taxes | | | |
| Staple | | Household employment tax. See instruct | | o form UT Models as to SUT T | 20 |
| | 21 | Use tax on internet, mail order, or other in the instructions. Do not leave blank. | out-or-state purchase | s from UT Worksheet or UT Ia | able 21 00 |
| ळ | | | | | |
| | iŧ₩ | of the State of Mino San W Total Tax. Add Lines 19, 20, 21, and 22. | ebtomby 1st in | 72018 | 22 .00 |



| Step 8 | tal tax from Page 1, Line 23. | | | 24 | .00 |
|------------------------------------------------|---------------------------------------------------|--------------------------------------------|-------------------------------|----------------------------|---------------|
| Stop | 3: Payments and Refundable Credi | it | | | |
| 25 Illir | nois Income Tax withheld. Attach Schedu | ule IL-WIT. | 25 | .00 | |
| | timated payments from Forms IL-1040-E | | | | |
| | luding any overpayment applied from a p | | 26 | .00 | |
| 27 Pa | ss-through withholding. Attach Schedule | K-1-P or K-1-T. | 27 | .00 | |
| | rned Income Credit from Schedule IL-E/E | | IC. 28 | .00 | |
| 29 To | tal payments and refundable credit. A | dd Lines 25 through 28. | | 29 | .00 |
| Step 9 | : Total | | | | |
| 30 If L | ine 29 is greater than Line 24, subtract Lin | ne 24 from Line 29. | * | 30 | .00 |
| 31 If L | ine 24 is greater than Line 29, subtract Lin | ne 29 from Line 24. | | 31 | .00 |
| Step 1 | 0: Underpayment of Estimated Tax | Penalty and Donations - Only co | omplete Step 10 | for late-payment p | enalty |
| for un | derpayment of estimated tax or to | make a voluntary charitable don | nation. | | |
| 32 Lat | te-payment penalty for underpayment of | estimated tax. | 32 | .00 | |
| a | Check if at least two-thirds of your fed | deral gross income is from farming. | | | |
| b | Check if you or your spouse are 65 or | r older and permanently living in a nurs | ing home. | | |
| C | Check if your income was not received | d evenly during the year and you annua | alized your income of | on Form IL-2210. | |
| | Attach Form IL-2210. | | | | |
| d | Check if you were not required to file | an Illinois Individual Income Tax return | in the previous tax | year. | |
| 33 Vo | luntary charitable donations. Attach Sch | edule G. | 33 | .00 | |
| 34 To | tal penalty and donations. Add Lines 3 | 2 and 33. | | 34 | .00 |
| Step 1 | 11: Refund | | | | |
| 35 If v | ou have an amount on Line 30 and this | amount is greater than Line 34, subtrac | t Line 34 from Line | 30. | |
| | is is your overpayment. | amount is greater than the 64, sabilat | A Line of Hom Line | 35 | .00 |
| | nount from Line 35 you want refunded to | you Check one hox on Line 37. See in | structions | 36 | .00 |
| | V . | you. Or box one box on Line or . occ in | ou doudrie. | | |
| | hoose to receive my refund by | ation below if you about this boy | | | |
| a | direct deposit - Complete the inform | | | | |
| | Routing number | | Checking or San | vings | |
| | Account number | | | | |
| | ☐ Illinois Individual Income Tax refun | d debit cord | | | |
| | paper check. | d debit card. | | | |
| | nount to be credited forward. Subtract Lin | as 26 from Line 25. See instructions | | 38 | .00 |
| | | ne 36 from Line 35. See instructions. | | 30 | .00 |
| Step 1 | 2: Amount You Owe | | | | |
| 39 If y | ou have an amount on Line 31, add Line | es 31 and 34 or - | | | |
| If y | ou have an amount on Line 30 and this | amount is less than Line 34, | | | |
| sul | btract Line 30 from Line 34. This is the ar | mount you owe. See instructions. | | 39 | .00 |
| Sten 1 | 13: If this is a joint return, both you and you | ur spouse must sign helow | | | |
| Silp | | I have examined this return and, to the bo | est of my knowledge | , it is true, correct, and | complete. |
| Sign | | | T | () | |
| 3 | Vaur elegature | - Maliana - Consumals alamatum | Date / July S | | - |
| Here | Your signature Date (mm | n/dd/yyyy) Spouse's signature | Date (mm/dd/yyyy) | Daytime phone number | er |
| Here | | | | | |
| | | | | | eparer's PTIN |
| Paid | Print/Type paid preparer's name | Paid preparer's signature | Date (mm/dd/yyyy) | Paid Pr | |
| Paid Preparer | El-min a series | Paid preparer's signature | Date (mm/dd/yyyy) Firm's FEIN | Pader | |
| Paid | El-min a series | Paid preparer's signature | | () | |
| Paid Preparer | Firm's name | Paid preparer's signature | Firm's FEIN | () | tment may |
| Paid Preparer Use Only Third Party | Firm's name | Paid preparer's signature | Firm's FEIN | () | |
| Here | Date (IIII | Opouse a signature | Date (mmodyyyyy) | Check if | reparer's P |



Schedule IL-WIT is only required for paper filers

With this schedule you will still need to send in paper copies of W-2s or 1099s.



Use the reference for Column A shown in the chart below.

| Form Type | Letter Code for Column A | Form Type | Letter Code for Column A |
|-----------|-----------------------------|-----------|-----------------------------|
| W-2 | W | 1099-DIV | D |
| W-2G | WG | 1099-INT | I |
| 1099-R | R | 1042-S | S |
| 1099-G | G | 1099-B | В |
| 1099-MISC | M | 1099-K | K |
| 1099-OID | 0 | | |

Step 1: Provide your withholding records (includes all W-2 and 1099 forms)

Step 2: Provide spouse's withholding records (includes all W-2 and 1099 forms)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column B
Employer/Payer Identification Number Ide

| | , | | , | | |
|----|-------|------------|------------------|----|------------|
| 6 | . \$ | -00 | \$ <u>+00</u> | \$ | <u>+00</u> |
| 7 | \$ | <u>+00</u> | \$ <u>+00</u> | \$ | <u>+00</u> |
| 8 | s | <u>•00</u> | \$ <u>•00</u> | \$ | •00 |
| 9 | s | -00 | \$ •00 | \$ | -00 |
| 10 | • | -00 | \$.00 | • | -00 |

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

→ Attach all Schedules IL-WIT to your IL-1040. ←

IL-1040 Schedule IL-WIT Front (N-12/18)
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This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.





Earned Income Credit will now be reported on the Schedule IL-E/EIC

|) | Illinois Department of Revenue 2018 Schedule IL-E/EIC | Illinois Exe |
|----|-------------------------------------------------------|--------------|
| į. | Attach to your Form II -1040 | |

Illinois Exemption and Earned Income Credit
IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Note If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 to this schedule.

Step 1: Provide the following information

| four name as shown on your Form IL-1040 | | | | Your Social Security number | | | | |
|-----------------------------------------|----------------------------------------------|------------------------|------------------------------------------------------------------|----------------------------------------------|-------------------------|------------------------------|----------------------------------------------|-----------------------------------------------|
| Illinois Depe | endent Exempt | ion Allowar | nce | | 4 | | | |
| | ndent information for each person you are | | pendent. Report any additional dependents in Table A on the back | | | | k of this | |
| Dependent's first name | Dependent's last name | Social Security number | Dependent's relationship to you | Dependent's date of birth (mm/dd/yyyy) | Full time student | Person with disability | Number of months living with you | Eligible for Earned Income Credit |

1 Multiply the total number of dependents being claimed here and on Table A by \$2,225. _____ X \$ 2,225
Enter the result here and on Form IL-1040, Line 10d. _____ 1

Illinois Earned Income Credit

Complete this section only if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040, Pages 1 and 2.

Note If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2. Report any additional qualifying children in Table B on the back of this schedule.

| Child's first name | Child's last name | Social Security number | Child's relationship to you | Child's date of birth (mm/dd/yyyy) | Full time student | Person with disability | Number of months living with you |
|--------------------|-------------------|------------------------|-----------------------------------|------------------------------------|-------------------------|------------------------------|-------------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 1 Enter your wages, salaries and tips from your federal Form 1040, Line 1.
- 2 Enter your business income or (loss) from your federal Form 1040, Schedule 1, Line 12. If you report an amount on Line 2, you must answer the question in Line 2a below.
- 2a Does your occupation require a city, state, or county issued professional license, registration, or certification? 2a
- 2b If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number. Report additional licenses, registrations, or certifications in Table C on the back of this schedule

Published by the authority of the State of Illinois - Web Only, 1, 10/2018 (License, registration, or certification number)

IL-1040 Schedule IL-E/EIC Front (R-12/18)
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This form is authorized as outlined under the litinois income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty



Dependent information is reported in Step 2.

Qualifying Child Information is captured in Step 3.

Business information is reported in step 3 as well.

| | 3 If you are filing your 2018 federal return as married filing jointly but are filing your 2018 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040, Line 7. 3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. 4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? | | | | | | | 3 | | | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------|-----------------------------------|----------------------------------------------|-------------------------|------------------------------|----------------------------------------------|-----------------------------------------------|----------|--|
| | Step 4: Figure your Illinois Earned Income Credit 5 | | | | | | | • Income Ta | | .00 | |
| | | E/EIC Table A - Ac to report additional dep | | | rmation | | | | | | |
| | Dependent's first name | Dependent's last name | Social Security number | Dependent's relationship to you | Dependent's date of birth (mm/dd/yyyy) | Full time student | Person with disability | Number of months living with you | Eligible for Earned Income Credit | | |
| | | | | | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | | | | | | |
| | | | | · C | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | .4 | 7/2 | | | | | | | | |
| | Schedule II -F | E/EIC Table B - Ad | Iditional Qua | lifving Chil | dren Informs | tion | | | | l | |
| | | to report additional qua | | | uren imornia | | | | | | |
| | Child's first name | Child's last name | Social Security number | Child's relationship to you | Child's date of birth (mm/dd/yyyy) | Full time student | Person with disability | Number of months living with you | | | |
| | | | | | | | | | | | |
| | | | | | | $\perp \square$ | | | | | |
| | | | | | | ┞╬ | | | | | |
| | | | | | | ┼∺ | | | | | |
| | | | | | | | | | l | | |
| | | E/EIC Table C - Ac | | | strations, or | Certific | cations | | | | |
| | Complete this table to report additional information from Step 3, Line 2b. Issuing Agency License, Registration, or C | | | | | | , or Certifica | ation Numb | er | \Box | |
| | | | | | | | | | | \dashv | |
| | | | | | | | | | | \dashv | |
| | | | | | _ | | | | | \dashv | |
| Published by the autho | rity of the S | tate of Illinois | - Web Only, | 1, 10/201 | 8 | | | | | | |





Anti-Fraud and Identity Theft Updates: Identity Quizzes and PIN Letters

- Beginning in 2019, taxpayers who meet certain criteria will be selected to receive either an identity quiz letter or a PIN letter to ensure that they have filed the return that has been received under their personal identification information.
- Taxpayers selected to take the identity quiz will receive a letter requesting them to take the quiz online at MyTax Illinois within a designated timeframe. When necessary, the quiz can be taken with the assistance of a designated member our Taxpayer Assistance Division. Identity quizzes will consist of questions that only the legitimate taxpayers should be able to answer. The return for which the quiz letter has been sent will remain unprocessable and no refund will be issued until the quiz is passed or the taxpayer has been able to provide the information necessary for us to verify their identity.
- Taxpayers selected to receive a PIN letter will be mailed a PIN number that must be entered into MyTax Illinois within a
 designated timeframe. The return for which the PIN letter has been sent will remain unprocessable, and no refund will be
 issued until the PIN has been entered into MyTax Illinois.
- Although identity quizzes and PIN letters will provide taxpayers with a quicker and more efficient way to verify their identity and acknowledge the validity of a return received under their personal identification information, it remains necessary for us to continue to issue our current identity verification notice in some situations.

Business Income Tax and Withholding: Upcoming Changes

1299 Changes

- 1299 Schedules are being redesigned for 2018, with a table to list out the credits by placing an identifying code and other information regarding each credit in a grid.
- These changes will dramatically shorten the length of the 1299s, for example, the 1299-D will go from a seven-page form to a one-page form.
- The 1299-I will be utilized to find the appropriate codes and record keeping regarding the credits being claimed.



Illinois Department of Revenue 2018 Schedule 1299-D Income Tax Credits (for corporations and fiduciaries)

Attach to your Form IL-1120, IL-1041, IL-990-T. For tax years ending on or after December 31, 2018.

Year ending

Month Year IL Attachment No. 3

| Enter your name as shown on your return. | | Enter you | r federal employer id | entification number | (FEIN). |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------|----------------------------|----------------------|------------------------|
| Read this information before completing this form: Refer to Schedule 1299-I, Income Tax Credits Information and Worksheets, and Schedule to whole dollars. If you are carrying forward credits from a previous year, you must refe you may use on this 2018 Schedule 1299-D. If you have more credits than lines available Line 21 on this schedule only. | r to your 2017 Schedu | le 1299-D, Step 3 to | determine the amo | unt of available cre | dit carryforward that |
| Step 1: Worksheet (Complete this step only if you earned this credit | during your curren | t tax year.) | | | |
| ■ Research and Development - Follow the instructions on this worksheet to | calculate the Research | and Development | credit amount to en | ter in Step 2, Colum | |
| | | Bas | A se period avg. expens | es This year | B s expenses |
| Enter the amounts from Schedule 1299-I, Line 6 of the Research and Development | nt Worksheet. | ◆1 . | | + 1 | |
| Subtract Line 1, Column A from Line 1, Column B. If negative, enter zero. | | | | • 2 | |
| 3 Multiply Line 2 by 6.5% (.065). Enter the result here and in Step 2, Column E on to | he line with "5" in Colu | mn A and Credit Co | de 5340 in Column | B. 🕈 3 | |
| Step 2: Figure your Credit - All credits being claimed or established must | | | | | |
| 4 Enter your income tax from Form IL-1120, Step 7, Line 47; Form IL-1041, Step 6, | | | | 4 4 | |
| 5 Enter your Credit for Income Tax Paid to Another State from Form IL-1041, Sched | ule CR, Line 59 (Form | IL-1041 filers only | , all others enter 0). | ♦ 5 | |
| 6 Subtract Line 5 from Line 4. If the amount is zero or negative, enter zero. A A B C D F | | zzG | н | ь | |
| Years Left Credit IL Tax Year Identifying Number Credit Earned or Carried | Distributive Share or Transfer | Total Credit | Calculation | Credit Applied | Credit Carryforward |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
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| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 Follow the Schedule 1299-D Instructions to determine the amount of credit you may | | | and on your | | |
| Form IL-1120, Line 48, Form IL-1041, Line 46, or Form IL-990-T, Line 22. Published by the authority of the State of Illimois - Web Only. Schedule 1299-0 (R-1276) Printed by authory of the Tribe 1299-0 (R-1276) Printed by a | 1. 10/2018 | | | ↓ 21 | |
| Schedule 1299-D (R-12/18) Printed by authority of the State of Illinois - Web Only - 1 Information is REQUIRED. Failure to provi | llinois Income Tax Act. Disclosu ide information could result in a | re of this penalty. | | | |



For tax years ending on or after December 31, 2018, the following payment vouchers will be discontinued:

- Form IL-505-B, Automatic Extension Payment;
- Form IL-1120-ES, Estimated Income and Replacement Tax Payment Coupons for Corporations; and
- Forms IL-516-I and IL-516-B, Pass-through Prepayment Vouchers and Instructions.

Taxpayers making an extension payment, an estimated payment, or a voluntary prepayment of their tax liabilities will use the voucher associated with the return type they are filing. See the list on the following slide to determine the correct voucher type to use:



| Form | Return Type | Voucher |
|------------|------------------------------------------------|--------------|
| IL-1120 | Corporation Income and Replacement Tax | IL-1120-V |
| | | |
| IL-1120-ST | Small Business Corporation and Replacement Tax | IL-1120-ST-V |
| IL-1065 | Partnership Replacement Tax | IL-1065-V |
| IL-1041 | Fiduciary Income and Replacement Tax | IL-1041-V |
| IL-990-T | Exempt Organization Income and Replacement Tax | IL-990-T-V |



Using one voucher for payments associated with the return type will:

- eliminate confusion about which lines to list credits and payments,
- reduce the number of lines on each return, and
- allow the Department to process payments in a more efficient manner.
 - **Voucher Changes Do Not Apply to Individual Income Tax**



What will the change look like on the business income tax return?

Effective for tax years ending on or after December 31, 2018, taxpayers will claim credits carried forward, extension payments, estimated payments, voluntary prepayment of their tax liabilities, and any other payments made before the original due date of their return on one line instead of separate lines on their business income tax return. These payments will be reported as "Credits and payments made before the original tax due date". See examples on the next slide.

Example for IL-1120

Current - 2017 IL-1120 reports credits carried forward, estimated payments, and extension payments on multiple lines:

| 60 | Pay | rments. | See | instr | uctions. |
|----|-----|---------|-----|-------|----------|
|----|-----|---------|-----|-------|----------|

| а | Credit from | prioryear | overpayments. | |
|---|-------------|-----------|-------------------------------|--|
| | | F , | : _ : F _ , : : : = : : : = : | |

Total estimated payments.

Form IL-505-B (extension) payment.

d Pass-through withholding payments reported to you on Schedule(s). K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.

e Illinois gambling withholding. Attach Form(s) W-2G.

000 _________

60b <u>.00</u> 60c .00

60d <u>.00</u>

60e <u>.00</u>

New - 2018 IL-1120 will report all of these credits and payments on one line:

60 Payments See instructions.

a. Credits and payments made before the original tax due date.

60a<u>.00</u>

b Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.

60b <u>.00</u>

Illinois gambling withholding. Attach Form(s) W-2G.

60c ______00



Example for IL-1065

Current - 2017 IL-1065 reports credits carried forward, extension payments, and IL-516 prepayments on multiple lines:

- 61 Payments See instructions.
 - a Credit from prior year overpayments.
 - b. Form IL-505-B (extension) payment.
 - Pass-through withholding payments reported to you on Schedule(s).
 K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.
 - d Illinois gambling withholding, Attach Form(s) W-2G.
 - e Form IL-516-I prepayments.

f Form IL-516-B prepayments. 61f <u>.00</u>

New - 2018 IL-1065 will report all of these credits and payments on one line:

- 61 Payments See instructions.
 - a. Credits and payments made before the original tax due date.
 - b Pass-through withholding payments reported to you on Schedule(s). K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.
 - Illinois gambling withholding, Attach Form(s) W-2G.

61a___ 61b

61c

61d

61b .00

61c .00



Withholding Updates

- The Department is currently developing an option for taxpayers to respond to Withholding overpayment notices through MyTax Illinois. The solution will route the taxpayer to submit either an amended return or request a payment transfer, depending on their situation. The goal is to reduce our response time from 60-90 days to less than 30 days.
- The Department is incorporating suggested improvements into its W-2 filing solution within MyTax Illinois. In January 2019, MyTax Illinois will begin to offer the following:
 - A bulk filing solution, allowing taxpayers to upload a file, rather than manually enter each W-2.
 - For taxpayers who manually enter their W-2s, we will pre-populate the name and address information onto each W-2, rather than require this to be reentered onto each Form.

General Reminders

Cross Account Offsets

IDOR will soon be expanding offsets of refunds across tax types. Prior to issuing any refund, our system will look to see if there are any outstanding assessed liabilities. If any assessed liabilities are found, the system will offset the necessary portion of the refund and apply this amount against any outstanding assessed liabilities. The taxpayer will receive a notice indicating that the refund has been applied to the outstanding liability and any remaining overpayment will be refunded to the taxpayer.

Cross Account Offsets

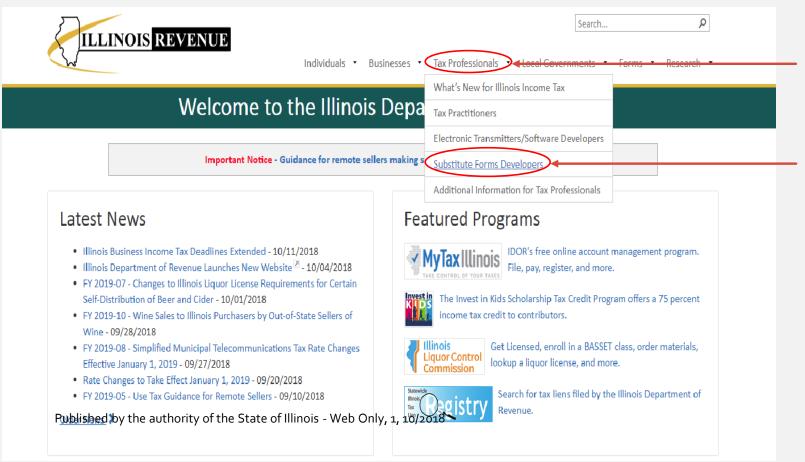
IDOR will also soon expand it's application of eligible overpayments to assessed liabilities prior to sending out a final bill. This will allow taxpayers to utilize existing credits that are not currently eligible to be refunded, reduce the issuance of unnecessary bills, and will allow liabilities to be paid in a more timely manner (thus reducing amount of penalty and interest owed by the taxpayer). If the liability is paid in full, the taxpayer will receive a notice indicating that a final bill would have been issued, however, available overpayments were applied to reduce the liability. If a liability remains following the application of available overpayments, a final bill will be issued and the balance due will reflect the offsets which occurred.

Draft Form Access

- Draft forms have been posted to IDOR's website. The URL is: https://www2.illinois.gov/rev/taxprofessionals/Pages/SubstituteFormsDevelopers.aspx
- To obtain access to the draft forms, you will need to read the **Guidelines for Substitute Tax Forms (Form IL-8633-SF)** document then complete and submit **Form IL-8633-SF** a email to IDOR's Office of Publications Management at <u>REV.VendorForms@illinois.gov</u>.
- Once access is granted, you will be provided additional information on how to access the secure "Draft Forms" area on our website.



Draft Form Access

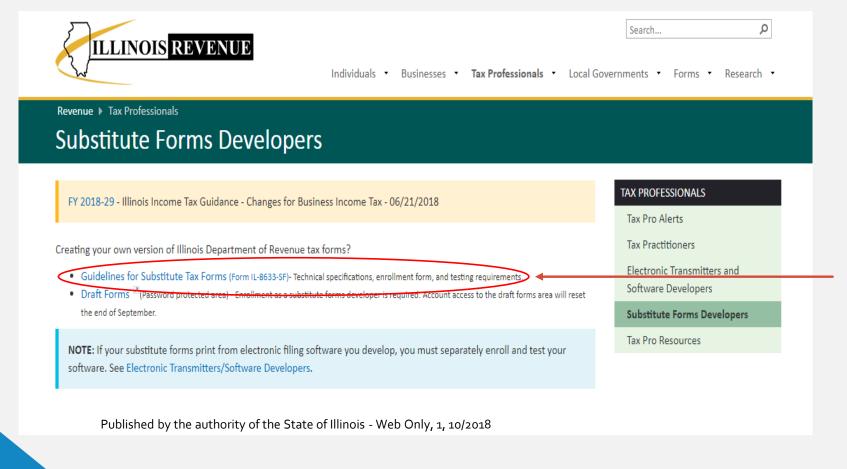


Select "Tax Professionals"

Select "Substitute Forms Developers"



Draft Form Access



The Guidelines for Substitute Tax Forms include form IL-8633-SF which must be submitted for approval to access IDOR's draft forms

Taxpayer Services

Power of Attorney

- The IL-2848 has been updated. The updated form can be found on our web site.
- After January 1, 2018 only POA's submitted on the IL-2848 with a revision date of 07/17 will be accepted and processed as a valid Power of Attorney.
- DO NOT ATTACH to correspondence or the original tax returns.



Power of Attorney

Power of Attorney can be submitted 2 ways to the Illinois Department of Revenue:

- Email to <u>Rev.POA@Illinois.gov</u>
 - If the Power of Attorney is submitted via email you will receive email confirmation that is has been processed. Each POA must be a separate pdf. Multiple pdfs can be attached to one email.
- Fax to 217-782-4217
- If the Power of Attorney is submitted via fax you will need to wait 3 business days for it to be processed.
 Published by the authority of the State of Illinois - Web Only, 1, 10/2018

Illinois Department of Revenue



IL-2848 Power of Attorney

Read this information first

Submit your completed form to **REV.POA@illinois.gov**. Do <u>not</u> attach to your tax return. You also may be required to provide a copy of this form to a representative of the Illinois Department of Revenue. This power of attorney automatically expires 10 years from the date it is signed. If you do not properly complete this form, you will be required to submit a new Form IL-2848. See the instructions for additional information. **Note:** A separate form may need to be completed for each taxpayer. An asterisk (*) below indicates a required field.

Step 1: Complete the following taxpayer information

| is | Name of individual or business* | | Identification number (i.e., FEIN or SSN)* - All nine digits required. |
|----------------------------------|-------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| g jointly | Street address | | Illinois Account ID (if known) |
| g both | Cib.* | Ctoto* 7ID* | Douting phane number* |
| ou must | City* | State* ZIP* | Daytime phone number* |
| uses in | Step 2: Identify the auti | horized agent or fiducia | ry executing this form - Signature required in Step 6 |
| with | | | trust, or estate (i.e., not an individual taxpayer) or if someone other than |
| ecurity | | | s an individual. If you are not the taxpayer and you already have been form. Instead complete Form IL-56, Notice of Fiduciary Relationship. See |
| do two | instructions for who can execute | | Toffil. Instead complete Form IL-30, Notice of Fluudiary helationship. See |
| ms for | | | |
| n. | Name* | | Title* |
| Published by the authority of th | e Stat <u>e of Illinois - Web Only, 1, 10/2</u> | 018 | () |
| | Street address* | | Daytime phone number* |
| | City* | State* ZIP* | Email address |
| | | | |

If your client is married filing jointly and you are representing both taxpayers you must list both spouses in Step 1 along with both social security numbers or do two separate forms for each of them.

Failure to provide identification number for an attorney results in many POA forms being rejected.

Attorneys and accountants must provide the jurisdiction in which they are licensed.

Many POA forms are being rejected because this is missinghe authority of the State of

| tach a copy of page one for every two additional representatives. (See attorney, a certified public accountant, or an enrolled agent, you mus | | sted is a person who is <u>no</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------|
| The taxpayer named above appoints the following representative as | attorney-in-fact: | |
| Name of individual* | Name of individual* | |
| Check one: (If applicable) Attorney CPA Enrolled agent | Check one: (If applicable) Attorney CPA E | Enrolled agent |
| Name of firm, if applicable | Name of firm, if applicable | |
| Identification number (Attorney License No., PTIN, FEIN, or SSN)* - See instr. | Identification number (Attorney License No., PTI | N, FEIN, or SSN)* - See inst |
| Street address* | Street address* | |
| City* State* ZIP* | City* | State* ZIP* |
| () () Daytime phone number* Fax number | Daytime phone number* Fax num | ber |
| Email address | Email address | |
| Check this box if you want to authorize the Department to send duplicate copies of notices to the representative listed above. | Check this box if you want to authorize duplicate copies of notices to the representation. | |
| Complete the following if a box above is checked to indicate that | | or enrolled agent |
| I declare that I am not currently under suspension or disbarment a member in good standing of the bar of the highest court of | | |
| duly qualified to practice as a certified public accountant in the | | |
| enrolled as an agent pursuant to the requirements of United | States Treasury Department Circular Number | er 230. |
| Signature of representative Date | Signature of representative | Date |
| Gisht Web Only, 1, 10/2018 Jurisdiction (state(s), etc.) | Print name Ju | urisdiction (state(s), etc.) |

IL-2848 (R-07/17)

Failure to check the Type of Appointment results in many POA forms being rejected

| Tax Type/Tax Form(s) or Notices Tax Year(s) or Filing Period(s) | | Step 5: Identify the tax matters and the type of appointm | ent — Designate the Tax Matters to which the power of |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tax Type/Tax Form(s) or Notices Tax Yper(s) or Filing Period(s) Tax Type/Tax Form(s) or Notices Tax Year(s) or Filing Period(s) | | Tax Matters | attorney applies and the Type of Appointment. |
| Tax Type/Tax Form(s) or Notices Tax Year(s) or Filing Period(s) Line of Appointment The tomeys-in-fact named above shall have, subject to revocation, full power of attorney to perform any act that the principals can may arrorm, including the authority to receive and discuss confidential information for the tax matters listed above. Sheefilic Appointment Tax Year(s) or Filing Period(s) Tax Ye | | Tax Type/Tax Form(s) or Notices* | Tax Year(s) or Filing Period(s)* |
| Complete the Check either General or Specific Appointment. Do not check both boxes. See instructions. Check and Appointment Check either General or Specific Appointment Check pointment | | Tax Type/Tax Form(s) or Notices | Tax Year(s) or Filing Period(s) |
| Ceneral Appointment Itomeys-in-fact named above shall have, subject to revocation, full power of attorney to perform any act that the principals can may inform, including the authority to receive and discuss confidential information for the tax matters listed above. specific Appointment | | Tax Type/Tax Form(s) or Notices | Tax Year(s) or Filing Period(s) |
| The storneys-in-fact named above shall have, subject to revocation, full power of attorney to perform any act that the principals can may active in activation and the state of the state o | | Type of Appointment — Check either General or Specific Appointment. Di | o <u>not</u> check both boxes. See instructions. |
| may beform, including the authority to receive and discuss confidential information for the tax matters listed above. Secific Appointment | | General Appointment | |
| Decific Appointment The Itomeys-in-lact named above shall have, subject to revocation, power of attorney to receive and discuss with the Illinois Depa of Invence confidential information for the tax matters listed above and to perform only those additional acts that the principals can be provided below. (Check the following, as applicable.) Perform designated below. (Check the following, as applicable.) Perform designation of the following as proceedings or collection of the following of the followin | | The atorneys-in-fact named above shall have, subject to revocation, full power | er of attorney to perform any act that the principals can and |
| The florneys-in-fact named above shall have, subject to revocation, power of attorney to receive and discuss with the Illinois Depa of Swence confidential information for the tax matters listed above and to perform only those additional acts that the principals can be performed designated below. (Check the following, as applicable.) Yes | | may perform, including the authority to receive and discuss confidential inform | nation for the tax matters listed above. |
| Ves Endorse or collect checks in payment of refunds. Yes Endorse or collect checks in payment of refunds. Yes Endorse or collect checks in payment of refunds. Yes Endorse or collect checks in payment of any refund of Illinois taxes, penalties, or interest. Yes Execute waivers (including offers or waivers) of restrictions on assessment or collection of deficiencies in tax and wa of notice of disallowance of a claim for credit or refund. Yes Execute consents extending the statutory period for assessments or collection of taxes. Yes Delegate authority or substitute another representative. Yes Execute offers in compromise or settlement of tax liability. Yes Represent the taxpayer before the Illinois Department of Revenue in administrative hearings or the Illinois Independ Infbunal (requiring representation by an attorney). Yes Represent the taxpayer before the Illinois Department of Revenue in proceedings other than administrative hearings as proceedings before the Informal Conference Board or the Board of Appeals. Yes Obtain a private letter ruling on behalf of the taxpayer. Yes Other (Please describe.) Step 6: Signature (Required) - This form must be signed by the taxpayer listed in Step 1 or the individual listed in Step 2. It signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execut power of attorney on behalf of the taxpayer. Taxpayer's Signature (required if spouse is listed in Step 1) Print name Title, if applicable Date | | | |
| Yes Endorse or collect checks in payment of refunds. Yes Receive checks in payment of any refund of Illinois taxes, penalties, or interest. | | of P venue confidential information for the tax matters listed above and to per | - |
| Yes Receive checks in payment of any refund of Illinois taxes, penalties, or interest. Yes Execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and wa of notice of disallowance of a claim for credit or refund. Yes Execute consents extending the statutory period for assessments or collection of taxes. Yes Delegate authority or substitute another representative. Yes Execute offers in compromise or settlement of tax liability. Yes Represent the taxpayer before the Illinois Department of Revenue in administrative hearings or the Illinois Independent Tribunal (requiring representation by an attorney). Yes Represent the taxpayer before the Illinois Department of Revenue in proceedings other than administrative hearings as proceedings before the Informal Conference Board or the Board of Appeals. Yes Other (Please describe.) Step 6: Signature (Required) - This form must be signed by the taxpayer listed in Step 1 or the individual listed in Step 2 If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute power of attorney on behalf of the taxpayer. Spouse's signature (required if spouse is listed in Step 1) Print name Date | | | |
| Yes | | | alties, or interest. |
| Yes Delegate authority or substitute another representative. Yes Execute offers in compromise or settlement of tax liability. Yes Represent the taxpayer before the Illinois Department of Revenue in administrative hearings or the Illinois Independent Tribunal (requiring representation by an attorney). Yes Represent the taxpayer before the Illinois Department of Revenue in proceedings other than administrative hearings as proceedings before the Informal Conference Board or the Board of Appeals. Yes Other (Please describe.) Yes Other (Please describe.) Step 6: Signature (Required) - This form must be signed by the taxpayer listed in Step 1 or the individual listed in Step 2 If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute power of attorney on behalf of the taxpayer. Taxpayer's Signature Print name Date | | Yes Execute waivers (including offers of waivers) of restrictions on | |
| Yes Execute offers in compromise or settlement of tax liability. Yes Represent the taxpayer before the Illinois Department of Revenue in administrative hearings or the Illinois Independent Tribunal (requiring representation by an attomey). Yes Represent the taxpayer before the Illinois Department of Revenue in proceedings other than administrative hearings as proceedings before the Informal Conference Board or the Board of Appeals. Yes Other (Please describe.) Step 6: Signature (Required) - This form must be signed by the taxpayer listed in Step 1 or the individual listed in Step 2 If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute power of attorney on behalf of the taxpayer. Taxpayer's Signature* Print name Date | | Yes Execute consents extending the statutory period for assessme | nts or collection of taxes. |
| Yes Represent the taxpayer before the Illinois Department of Revenue in administrative hearings or the Illinois Independent Tribunal (requiring representation by an attorney). Yes Represent the taxpayer before the Illinois Department of Revenue in proceedings other than administrative hearings as proceedings before the Informal Conference Board or the Board of Appeals. Yes Othain a private letter ruling on behalf of the taxpayer. Yes Othain a private letter ruling on behalf of the taxpayer. Yes Othain a private letter ruling on behalf of the taxpayer isted in Step 1 or the individual listed in Step 2 If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute power of attorney on behalf of the taxpayer. Taxpayer's Signature* Print name* Title, if applicable Date* Spouse's signature (required if spouse is listed in Step 1) Print name Date Complete the following if any representative listed in Step 3 is a person other than an attorney, a certified public accounts an enrolled agent. If the power of attorney is granted to a person other than an attorney, a certified public accountant must be witnessed or notarized below. Please check and complete one of the following: Any person signing as or for the taxpayer is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here, OR | | Yes Delegate authority or substitute another representative. | |
| Tribunal (requiring representation by an attomey). Yes Represent the taxpayer before the Illinois Department of Revenue in proceedings other than administrative hearings as proceedings before the Informal Conference Board or the Board of Appeals. Yes Obtain a private letter ruling on behalf of the taxpayer. Yes Other (Please describe.) | | Yes Execute offers in compromise or settlement of tax liability. | |
| Yes Represent the taxpayer before the Illinois Department of Revenue in proceedings other than administrative hearings as proceedings before the Informal Conference Board or the Board of Appeals. Yes Othain a private letter ruling on behalf of the taxpayer. Yes Other (Please describe.) Step 6: Signature (Required) - This form must be signed by the taxpayer listed in Step 1 or the individual listed in Step 2. If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute power of attorney on behalf of the taxpayer. Texpayer's Signature* Print name* Title, if applicable Date* Complete the following if any representative listed in Step 3 is a person other than an attorney, a certified public accounts an enrolled agent. If the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent, this document be witnessed or notarized below. Please check and complete one of the following: Any person signing as or for the taxpayer is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here, OR Signature of witness Date hed by the authority of the State of Illinois — Web Only, 1, 10/2018— appeared this day before a notary public and acknowledged Notary seal | | | nue in administrative hearings or the Illinois Independent T |
| as proceedings before the Informal Conference Board or the Board of Appeals. Yes Obtain a private letter ruling on behalf of the taxpayer. Yes Other (Please describe.) Step 6: Signature (Required) - This form must be signed by the taxpayer listed in Step 1 or the individual listed in Step 2. If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute power of attorney on behalf of the taxpayer. Taxpayer's Signature* Print name* Title, if applicable Date Complete the following if any representative listed in Step 3 is a person other than an attorney, a certified public accountant an enrolled agent. If the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent, this documents be witnessed or notarized below. Please check and complete one of the following: Any person signing as or for the taxpayer is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here, OR Signature of witness Date Notary seal | | _ | |
| Yes Othain a private letter ruling on behalf of the taxpayer. Yes Other (Please describe.) Step 6: Signature (Required) - This form must be signed by the taxpayer listed in Step 1 or the individual listed in Step 2. If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute power of attorney on behalf of the taxpayer. Taxpayer's Signature* Print name Spouse's signature (required if spouse is listed in Step 1) Complete the following if any representative listed in Step 3 is a person other than an attorney, a certified public accounts an enrolled agent. If the power of attorney is granted to a person other than an attorney, a certified public accountant, but the witnessed or notarized below. Please check and complete one of the following: Any person signing as or for the taxpayer is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here, OR Signature of witness Date hed by the authority of the State of Illinois - Web Only, 1, 10/2018 appeared this day before a notary public and acknowledged Notary seel | | | |
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| Step 6: Signature (Required) - This form must be signed by the taxpayer listed in Step 1 or the individual listed in Step 2 If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute power of attorney on behalf of the taxpayer. Taxpayer's Signature' Print name' Title, if applicable Date' Spouse's signature (required if spouse is listed in Step 1) Complete the following if any representative listed in Step 3 is a person other than an attorney, a certified public accounts an enrolled agent. If the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent, this documents be witnessed or notarized below. Please check and complete one of the following: Any person signing as or for the taxpayer is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here, OR Signature of witness Date Notary seal | | | |
| If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute power of attorney on behalf of the taxpayer. Taxpayer's Signature Print name* Title, if applicable Date* | | | |
| power of attorney on behalf of the taxpayer. Taxpayer's Signature* Print name* Title, if applicable Date* Spouse's signature (required if spouse is listed in Step 1) Print name Complete the following if any representative listed in Step 3 is a person other than an attorney, a certified public accounta an enrolled agent. If the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent, this documents be witnessed or notarized below. Please check and complete one of the following: Any person signing as or for the taxpayer is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here, OR Signature of witness Date ned by the authority of the State of Illinois - Web Only, 1, 10/2018 appeared this day before a notary public and acknowledged Notary seal | 1 | Stop 6: Signature (Deguired) - This form must be signed by the town | ayer listed in Step 1 or the individual listed in Step 2. |
| Spouse's signature (required if spouse is listed in Step 1) Print name Date | • | | |
| Spouse's signature (required if spouse is listed in Step 1) Print name Complete the following if any representative listed in Step 3 is a person other than an attorney, a certified public accounts an enrolled agent. If the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent, this documents to evitnessed or notarized below. Please check and complete one of the following: Any person signing as or for the taxpayer is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here, OR Signature of witness Date hed by the authority of the State of Illinois - Web Only, 1, 10/2018 appeared this day before a notary public and acknowledged Notary seal | | If signing as a corporate officer, partner, fiduciary, or individual on behalf of the | e taxpayer, I certify that I have the authority to execute this |
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 Check this box to keep prior
 POA forms active.

Third-Party Designee

A Third-Party Designee established on the income tax return (Individual, and Withholding) will allow representatives to answer any questions that arise during the processing of their client's return, call us with questions about their clients return, and receive or respond to notices we send.

- A third-party designee will no longer expire.
- This will increase a representatives ability to work with the Department on tax routine issues.
- This change is retroactive and will be applicable to previously filed returns.
- This will decrease the requirement for the IL-2848 to be filed.
- Third-party designee can be revoked by submitting a written request to the Department. You can send this by fax to 217-782-4217 or email to Rev.POA@Illinois.gov.

Published by the auth Norte Bersiffles's IMEOTIME TAXIS not included at this time.

Voluntary Disclosure Program Changes



EFFECTIVE AUGUST 1, 2018

- •Changes have been made to the program to streamline and make the process more efficient.
- •The Voluntary Disclosure program is now being managed by the Problems Resolution Division in Springfield.

Published by the authority of the State of Illinois - Web Only, 1, 10/2018

Changes to Voluntary Disclosure Program

- The new one page BOA-2 Voluntary Disclosure application is available on our website.
- Once the returns have been processed and tax and interest paid, there is no longer a need to file a BOA-1 petition to get the penalties waived.
- The time that it takes to complete a Voluntary Disclosure from start to finish should decrease drastically.



Voluntary Disclosure Contact Information:

Problems Resolution Division - VDA Illinois Department of Revenue

PO BOX 19014

Springfield, IL 62794

Phone: (217) 785-7313

Email: rev.prd@Illinois.gov



IDOR Contact Information

Website www.tax.illinois.gov

• Taxpayer Assistance 800-732-8866

• E-File for Tax Professionals 866-440-8680

• Business Hot Line 217-524-4772

• Central Registration 217-785-3707

Questions?

